

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Reed Media Partners, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2017</b>	
Mailing Address 1320 N. Courthouse Rd., Ste. 130		Amount <b>12815.00</b>	
City Arlington	State VA	Zip Code 22201	Transaction ID : <b>SE.6415</b>
Purpose of Expenditure TV advertising (production)	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2017</b>	
Name of Federal Candidate Nicholson, Kevin, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: <b>00</b> State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Strategic Media Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2017</b>	
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount <b>624616.00</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.6413</b>
Purpose of Expenditure TV advertising (placement cost)	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2017</b>	
Name of Federal Candidate Nicholson, Kevin, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: <b>00</b> State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>637431.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>637431.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gaskill, Sherry, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 27 / 2017**

Signature